

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		4/3	9/29/01
FORMALITY REVIEW	BZ	397	10/10/01
RESPONSE FORMALITY REVIEW	BZ	827	03-19-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	10/10/01
2	10/10/01
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Claim	Date
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If more than 150 claims or 10 actions  
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10/10/01

10/10/01